


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90025 014 \*\*\*158.75

**DOCUMENT # L97034**

1. Entity Name  
**J&K EGG CORPORATION**



Principal Place of Business      Mailing Address

5925 W FARKAS RD      5925 W FARKAS RD  
 PLANT CITY, FL 33567 US      PLANT CITY, FL 33567 US

**DO NOT WRITE IN THIS SPACE**



02182008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-3026503**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, BENJAMIN WILSON**  
 5925 W FARKAS RD  
 PLANT CITY, FL 33567

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	WRIGHT, BENJAMIN WILSON
STREET ADDRESS	5925 W FARKAS RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	WRIGHT, BENJAMIN MARC
STREET ADDRESS	5921 W. FARKAS RD.
CITY-ST-ZIP	PLANT CITY, FL
TITLE	DS
NAME	WRIGHT, MARTHA ANN
STREET ADDRESS	5925 W FARKAS RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	GOFF, KEVIN L
STREET ADDRESS	4805 GOFF RD
CITY-ST-ZIP	PLANT CITY, FL 33567
TITLE	D
NAME	BENEFIELD, TERRY E
STREET ADDRESS	2209 CHEROKEE TRAIL
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	D
NAME	Roger D. Underwood
STREET ADDRESS	1011 W. Oakland Heights Ave.
CITY-ST-ZIP	Plant City, FL 33563

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin Wilson Wright      3/12/08      813-737-1897  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

*Benjamin Wilson Wright*